

CLAIMS ONLY							Application Number 10589357		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
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49							99					
50							100					
Total							Total					
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Total							Total					
Depend							Depend					
Total							Total					
Claims							Claims					

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	9					
Total Claims	13					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						